University of Florida

Date: Room/Bed:

Time	T	P	R	BP	Initials

Meds	Time								
Ibuprofen									
Initials									
Tylenol									
Initials									
ASA									
Initials									

MEDS		Initials

AVIAN INFLUENZA FLOW SHEET

PROVIDER:

Dx:

Allergies

Current Medications

Chronic Illness	

ORAL HYDRATION

Time	Type	Amount	Initials

TREATMENTS

NURSING PERSONNEL

Name	Initials

NURSING CLINICAL OBSERVATIONS AND ASSESSMENT

Time		OBSERVATIONS	
		Time	Initials

DISCHARGE INSTRUCTIONS